

MN Med. Recs. - Tri City Health Center
U.S. v. Marvin Nelson

To be Completed by Medical Assistant:

BP: R _____ L 114 / 70
LMP: 09 G _____ P _____ TAB _____ SAB _____ Living _____
BS (all diabetics) _____ HgbA1C _____
UPT Pos _____ Neg _____ HCT/Hgb _____
Smoker Yes No _____ Pks/day; Tobacco Use Yes No _____
Smokers in house Yes No _____
Advance Health Care Directive Given _____ Yes _____ No _____
Approx. Date Last Tetanus _____ Pneumococcal _____
Date of Last Pap G7 Mammogram: G7 Staying Healthy Asses. _____
Allergies NKDA _____
MA Signature _____

Education on Tobacco use given ___ Yes ___ No
Weight Normal ___ Over ___ Under ___
Info. given on nutrition diet and exercise
___ Yes ___ No
Pap Due ___ Yes ___ No
Mammogram Due ___ Yes ___ No ___ N/A
CPE Due ___ Yes ___ No ___ N/A
BSE Taught ___ Yes ___ No
Prostate/Testicular Exam Due ___ Yes ___ No
PSA ordered ___ Yes ___ No ___ N/A
Testicular self exam taught ___ Yes ___ No
Immunizations up to date ___ Yes ___ No
Medical History Reviewed ___ Yes ___ No

History of Present Illness:

1) 47yo M for lab results. Reports Xanax didn't help w/ anxiety - stress, home in process of relocating. Stepfather gave lithium - worked well. Wants try.

2) No lovastatin rx since. Reports lipids levels ~ same as when started lovastatin.

3) Wants es med - viagra. Reports helping w/ relationship & wife.

() History continued on other side () See Patient History Form

PHYSICAL EXAM (NL=Normal; ABNL=Abnormal; NE=Not examined) (Circle L, R Bilateral, Both etc. to identify area of abnormality)

TC000004

MUSCULOSKELETAL*		
AXIAL		
Cervical Thoracic Lumbar		
D T ROM SP SW		
L R Bilateral		
AN POS MED LAT		
SHOULDER		
D T ROM SP SW		
L R Bilateral		
AN POS MED LAT		
ARM		
Upper Lower Both		
D T ROM SP SW		
L R Bilateral		
AN POS MED LAT		
ELBOW		
D T ROM SP SW		
L R Bilateral		
AN POS MED LAT		
WRIST		
D T ROM SP SW		
L R Bilateral		
AN POS MED LAT		
HAND FINGERS BOTH		
D T ROM SP SW		
L R Bilateral		
AN POS MED LAT		
FINGERS # 1 2 3 4 5		
HIP		
D T ROM SP SW		
L R Bilateral		
AN POS MED LAT		
LEG		
Upper Lower Both (Cont. col. 3)		

AN POS MED LAT		
KNEE		
D T ROM SP SW		
L R Bilateral		
AN POS MED LAT		
ANKLE		
D T ROM SP SW		
L R Bilateral		
AN POS MED LAT		
FOOT		
D T ROM SP SW		
L R Bilateral		
AN POS MED LAT		
TOE(S) # 1 2 3 4 5		
NEUROLOGY		
CRANIAL NERVES		
II III IV V VI VII		
VIII IX X XI XII		
MOTOR		
Weakness Paralysis Tremor		
Other		
Location		
SENSORY		
Numbness Tingling		
Other		
Location		
REFLEXES		
Corneal Biceps Triceps		
Knee Ankle Babinski		
SKIN		
Rashes Ulcerations Abrasions		
Lacerations Scarring Pigmentation		
Hair Nails		
MENTAL HEALTH		
Behavior Oriented		

ASSESSMENT/PLAN

EKG - 118R

(A) Dyslipidemia
Anxiety
ED
Knee strain
xray neg

(P) Disc - lifestyle modif.
D/C. Lorazepam
Start Crestor 20mg qd #35 samples
Librium 10mg bid prn #20
Viagra 25mg #6 samples
Consider PT if knee pain persists.
Red lipids 8mos
KTC 1mo F/U Crestor start.

Off FNP
06 Sept 07

() Continued on Progress Note

In House Orders: Nebulizer Treatment _____; Repeat Treatment _____; EKG; _____; IZ (type(s)) _____; Patient Refuses IZ _____

Meds (Type) _____; Other (Type) _____

Outside Labs Ordered: Yes No Type(s) _____

RADIOLOGY/ULTRASOUND ORDERED: Yes No Type(s) _____

(NOTE: List all new meds and medication refills on the yellow MEDICATION LOG SHEET) New Meds Listed Yes No; Meds Refilled Yes No

FOLLOW UP/REFERRALS:

REVISED: 12/05/200

TC000005

Age: 47

To be Completed by Provider:

Education on Tobacco use given ___ Yes ___ No

Weight Normal Over Under

_____ Yes _____ No

Pap Due Yes No

Mammogram Due _____ Yes _____ No _____ N/A _____

CPE Due ___ Yes ___ No ___

BSE Taught Yes No

Prostate/Testicular Exam Due Yr
PSA ordered Yes No 3/14

PSA ordered ☐ Yes ☐ No ☐ N/A
 Testicular self-exams taught ☐ Yes ☐ No

Testicular self exam taught _____ Yes _____ No _____
Immunizations up to date _____ Yes _____ No _____

Medical History Reviewed Yes No

Imperial History Reference _____

4740 → for

- ① MVA 2-3 mo ☹️ knee pain sharp shooting pain. Head on low speed crash.
- ② Death in family - aunt - like 2nd mother - Denver - flying in body today/tomorrow.

③ ED - Request's Viagra. ~~Dr. [unclear] [unclear]~~ worked through and spoke. History continued on other side. See Patient History Form. "same [unclear] not now".

PHYSICAL EXAM (NL=Normal; ABNL=Abnormal; NE=Not examined) (Circle L, R Bilateral, Both etc. to identify area of abnormality)

[illegible]

TC000006

* (NOTE: D=Deformity; T=Tenderness; ROM=Range Of Motion; SP=Spasm; SW=Swelling; AN=Anterior; POS=Posterior; MED=Medial; LAT=Lateral)

NL	ABNL	NE	(LEG CONTINUED)
			Upper Lower Both
			D T ROM SP SW
			L R Bilateral
			AN POS MED LAT
			KNEE
			D T ROM SP SW
			L R Bilateral
			AN POS MED LAT
			ANKLE
			D T ROM SP SW
			L R Bilateral
			AN POS MED LAT
			FOOT
			D T ROM SP SW
			L R Bilateral
			AN POS MED LAT
			TOE(S) # 1 2 3 4 5
			NEUROLOGY
			CRANIAL NERVES
			II III IV V VI VII
			VIII IX X XI XII
			MOTOR
			Weakness Paralysis Tremor
			Other
			Location
			SENSORY
			Numbness Tingling
			Other
			Location
			REFLEXES
			Corneal Biceps Triceps
			Knee Ankle Babinski
			SKIN
			Rashes Ulcerations Abrasions
			Lacerations Scarring Pigmentation
			Hair Nails
			MENTAL HEALTH
			Behavior Oriented

RECTAL
Tone Hemorrhoids Guaiac
MUSCULOSKELETAL*

AXIAL
Cervical Thoracic Lumbar
D T ROM SP SW
L R Bilateral
AN POS MED LAT

SHOULDER
D T ROM SP SW
L R Bilateral
AN POS MED LAT

ARM
Upper Lower Both
D T ROM SP SW
L R Bilateral
AN POS MED LAT

ELBOW
D T ROM SP SW
L R Bilateral
AN POS MED LAT

WRIST
D T ROM SP SW
L R Bilateral
AN POS MED LAT

HAND FINGERS BOTH
D T ROM SP SW
L R Bilateral
AN POS MED LAT
FINGER(S) # 1 2 3 4 5

HIP
D T ROM SP SW
L R Bilateral
AN POS MED LAT

LEG
Upper Lower Both (Cont. col.2)

② Knee tender medially Full ROM

ASSESSMENT/PLAN

① Depression/Anxiety
② Knee sprain
ED

③ Trazodone 50 mg qhs # 30 + 1
Xanax 0.25 mg qd prn # 15
Viagra 50 mg # 6 (samples)
✓ knee xray

PTC prn

25 June 07

() Continued on Progress Note

In House Orders: Nebulizer Treatment _____; Repeat Treatment _____; EKG; _____; IZ (type(s)) _____; Patient Refuses IZ _____

Meds (Type) _____; Other (Type) _____

Outside Labs Ordered: Yes No Type(s) _____

RADIOLOGY/ULTRASOUND ORDERED: Yes No Type(s) _____

(NOTE: List all new meds and medication refills on the yellow MEDICATION LOG SHEET) New Meds Listed Yes No; Meds Refilled Yes No

FOLLOW UP/REFERRALS:

TC000007
REVISED: 12/05/2003

TRI-CITY HEALTH CENTER ADULT PROGRESS NOTE**To be Completed by Medical Assistant:**

HT 6'0" WT 182.7 T 98.0 P 64 R 18
 BP: R 1 L 122/85/ 47
 LMP 1 G 1 P 1 TAB 1 SAB 1 Living 1
 BS (all diabetics) 1 HgbA1C 1
 UPT Pos Neg 1 HCT/Hgb 1
 Smoker (Yes) No 1 Pks/day 1 Tobacco Use Yes No 1
 Smokers in house Yes No 1
 Advance Health Care Directive Given Yes No 1
 Approx. Date Last: Tetanus 4/5 Pneumococcal 1
 Date of Last: Pap 1 Mammo: 1 Staying Healthy Asses. 1
 Allergies NRDA
 MA Signature Victoria M.A.

To be Completed by Provider:

Education on Tobacco use given Yes No 1
 Weight Normal 1 Over 1 Under 1
 Info. given on nutrition diet and exercise 1
 Yes 1 No 1
 Pap Due Yes No 1
 Mammogram Due Yes No 1 N/A 1
 CPE Due Yes No 1 N/A 1
 BSE Taught Yes No 1
 Prostate/Testicular Exam Due Yes No 1
 PSA ordered Yes No 1 N/A 1
 Testicular self exam taught Yes No 1
 Immunizations up to date Yes No 1
 Medical History Reviewed Yes No 1

History of Present Illness:

1 wk w/ parosities / pain
 in entire RT hand
 o: Acutely tender ++ over medial
 and lateral epicondyles (RT) elbow

CMT-Meds: Zolof 150 mg QD
 for the last 1 yr.

() History continued on other side - () See Patient History Form

PHYSICAL EXAM (NL=Normal; ABNL=Abnormal; NE=Not examined) (Circle L, R Bilateral, Both etc. to identify area of abnormality)

NL	ABNL	NE	(Comments)	NL	ABNL	NE	(Comments)
			HEAD:				BREATHING
			Tenderness				Shallow Labored Retractions
			Deformities				LUNG SOUNDS
			Evidence of trauma				Crackles Wheezes Rhonchi
			Old New				L R Lobe:
			SINUSES				Upper Lower Middle
			Maxillary L R Both				EXPANSION
			Frontal L R Both				CHEST WALL
			EYES				Tenderness Scars Deformities
			Pupils L R Both				HEART
			Fundi L R Both				Rate Rhythm
			Cornea L R Both				Murmurs Gallop PMI
			Lids L R Both				VASCULAR
			Extra Ocular Muscles				Jugular Vein Distension
			L R Bilateral				Aterial pulses:
			EARS				Carotid Radial Pop PT DP
			Canals: L R Both				Venous
			TM's: L R Both				Varicosity's
			NOSE				Venous Stasis Ulcers
			Mucosa				ABDOMEN
			Polyps				Dullness Tension Fluid Wave
			Discharge				Tenderness
			Septum				Epigastric Suprapubic
			ORAL CAVITY				RUQ LUQ RLQ LLQ
			Mucosa				Guarding Rebound
			Gums				LIVER
			Teeth				Enlarged Tender
			Tongue				SPLEEN
			OROPHARYNX				Enlarged Tender
			Tonsils				UROGENITAL
			Uvula				Lesions
			NECK				Masses
			Cervical Lymph nodes				Discharge
			L R Bilateral				Inguinal Nodes L R Both
			Thyroid				BACK
			L R Bilateral				CVA Tenderness L R Both

* (NOTE: D=Deformity; T=Tenderness; ROM=Range Of Motion; SP=SPasm; SIF=Swelling; AN=Anterior; POS= Posterior; MED=Medial; LAT=Lateral)

NL	ABNL	NE		NL	ABNL	NE	(LEG CONTINUED)
			RECTAL				Upper Lower Both
			Tone Hemorrhoids Guaiac				D T ROM SP SW
			MUSCULOSKELETAL*				L R Bilateral
			AXIAL				AN POS MED LAT
			Cervical Thoracic Lumbar				KNEE
			D T ROM SP SW				D T ROM SP SW
			L R Bilateral				L R Bilateral
			AN POS MED LAT				AN POS MED LAT
			SHOULDER				ANKLE
			D T ROM SP SW				D T ROM SP SW
			L R Bilateral				L R Bilateral
			AN POS MED LAT				AN POS MED LAT
			ARM				FOOT
			Upper Lower Both				D T ROM SP SW
			D T ROM SP SW				L R Bilateral
			L R Bilateral				AN POS MED LAT
			AN POS MED LAT				TOE(S) # 1 2 3 4 5
			ELBOW				NEUROLOGY
			D T ROM SP SW				CRANIAL NERVES
			L R Bilateral				II III IV V VI VII
			AN POS MED LAT				VIII IX X XI XII
			WRIST				MOTOR
			D T ROM SP SW				Weakness Paralysis Tremor
			L R Bilateral				Other
			AN POS MED LAT				Location
			HAND FINGERS BOTH				SENSORY
			D T ROM SP SW				Numbness Tingling
			L R Bilateral				Other
			AN POS MED LAT				Location
			FINGER(S) # 1 2 3 4 5				REFLEXES
			HIP				Corneal Biceps Triceps
			D T ROM SP SW				Knee Ankle Babinski
			L R Bilateral				SKIN
			AN POS MED LAT				Rashes Ulcerations Abrasions
			LEG				Lacerations Scarring Pigmentation
			Upper Lower Both (Cont. col.2)				Hair Nails
							MENTAL HEALTH
							Behavior Oriented

ASSESSMENT/PLAN

() Continued on Progress Note

In House Orders: Nebulizer Treatment _____; Repeat Treatment _____; EKG; _____; IZ (type(s)) _____; Patient Refuses IZ _____

Meds (Type) _____; Other (Type) _____

Outside Labs Ordered: Yes No Type(s) _____

RADIOLOGY/ULTRASOUND ORDERED: Yes No Type(s) _____

(NOTE: List all new meds and medication refills on the yellow MEDICATION LOG SHEET) New Meds Listed Yes No; Meds Refilled Yes No

FOLLOW UP/REFERRALS:

TC000009

REVISED: 12/05/2005

TRI-CITY HEALTH CENTER ADULT PROCESS NOTE**To be Completed by Medical Assistant:**

HT 6'0" WT 187 T 98.0 P 87 R 19
 BP: R 117/75 L 117/75
 LMP 8 G 1 P 1 TAB 1 SAB 1 Living 1
 BS (all diabetics) 1 HgbA1C 1
 UPT Pos Neg 1 HCT/Hgb 1
 Smoker Yes No 1 Pks/day: Tobacco Use Yes No 1
 Smokers in house Yes No 1
 Advance Health Care Directive Given Yes No 1
 Approx. Date Last Tetanus 1 Pneumococcal 1
 Date of Last Pap 1 Mammo: 1 Staying Healthy Asses. 1
 Allergies 1
 MA Signature S. G. Miller

To be Completed by Provider:

Education on Tobacco use given Yes No 1
 Weight Normal Over 1 Under 1
 Info. given on nutrition diet and exercise Yes No 1
 Pap Due Yes No 1
 Mammogram Due Yes No 1 N/A 1
 CPE Due Yes No 1 N/A 1
 BSE Taught Yes No 1
 Prostate/Testicular Exam Due Yes No 1
 PSA ordered Yes No 1 N/A 1
 Testicular self exam taught Yes No 1
 Immunizations up to date Yes No 1
 Medical History Reviewed Yes No 1

NELSON, MARVIN
 DOB: 12/13/1959 M M
 I-CRS/CMSP (M)
 102-DICKEY, J MD /DICKEY 01/30/07
 MR 095636
 SCL: 000X
 EXP: 12/30/07

History of Present Illness:

Flu For Depression; requesting refill m
 Zoloft; mood 20 unemployed

() History continued on other side () See Patient History Form

PHYSICAL EXAM (NL=Normal; ABNL=Abnormal; NE=Not examined) (Circle L, R Bilateral, Both etc. to identify area of abnormality)

NL	ABNL	NE	(Comments)	NL	ABNL	NE	(Comments)
			HEAD:				BREATHING
			Tenderness				Shallow Labored Retractions
			Deformities				LUNG SOUNDS
			Evidence of trauma				Crackles Wheezes Rhonchi
			Old New				L R Lobe:
			SINUSES				Upper Lower Middle
			Maxillary L R Both				EXPANSION
			Frontal L R Both				CHEST WALL
			EYES				Tenderness Scars Deformities
			Pupils L R Both				HEART
			Fundi L R Both				Rate Rhythm
			Cornea L R Both				Murmurs Gallop PMI
			Lids L R Both				VASCULAR
			Extra Ocular Muscles				Jugular Vein Distention
			L R Bilateral				Arterial pulses:
			EARS				Carotid Radial Pop PT DP
			Canals: L R Both				Venous
			TM's: L R Both				Varicosity's
			NOSE				Venous Stasis Ulcers
			Mucosa				ABDOMEN
			Polyps				Dullness Tension Fluid Wave
			Discharge				Tenderness
			Septum				Epigastric Suprapubic
			ORAL CAVITY				RUQ LUQ RLQ LLQ
			Mucosa				Guarding Rebound
			Gums				LIVER
			Teeth				Enlarged Tender
			Tongue				SPLEEN
			OROPHARYNX				Enlarged Tender
			Tonsils				UROGENITAL
			Uvula				Lesions
			NECK				Masses
			Cervical Lymph nodes				Discharge
			L R Bilateral				Inguinal Nodes L R Both
			Thyroid				BACK
			L R Bilateral				CVA Tenderness L R Both

* (NOTE: D=Deformity; T=Tenderness; ROM=Range Of Motion; SP=Spasm; SW=Swelling; AN=Anterior; POS= Posterior; MED=Medial; LAT=Lateral)

NL	ABNL	NE		NL	ABNL	NE	
			RECTAL				(LEG CONTINUED)
			Tone Hemorrhoids Guaiac				Upper Lower Both
			MUSCULOSKELETAL*				D T ROM SP SW
			AXIAL				L R Bilateral
			Cervical Thoracic Lumbar				AN POS MED LAT
			D T ROM SP SW				KNEE
			L R Bilateral				D T ROM SP SW
			AN POS MED LAT				L R Bilateral
			SHOULDER				AN POS MED LAT
			D T ROM SP SW				ANKLE
			L R Bilateral				D T ROM SP SW
			AN POS MED LAT				L R Bilateral
			ARM				AN POS MED LAT
			Upper Lower Both				FOOT
			D T ROM SP SW				D T ROM SP SW
			L R Bilateral				L R Bilateral
			AN POS MED LAT				AN POS MED LAT
			ELBOW				TOE(S) # 1 2 3 4 5
			D T ROM SP SW				NEUROLOGY
			L R Bilateral				CRANIAL NERVES
			AN POS MED LAT				II III IV V VI VII
			WRIST				VIII IX X XI XII
			D T ROM SP SW				MOTOR
			L R Bilateral				Weakness Paralysis Tremor
			AN POS MED LAT				Other
			HAND FINGERS BOTH				Location
			D T ROM SP SW				SENSORY
			L R Bilateral				Numbness Tingling
			AN POS MED LAT				Other
			FINGER(S) # 1 2 3 4 5				Location
			HIP				REFLEXES
			D T ROM SP SW				Corneal Biceps Triceps
			L R Bilateral				Knee Ankle Babinski
			AN POS MED LAT				SKIN
			LEG				Rashes Ulcerations Abrasions
			Upper Lower Both (Cont. col.2)				Lacerations Scarring Pigmentation
							Hair Nails
							MENTAL HEALTH
							Behavior Oriented

ASSESSMENT/PLAN

① Depression
 ② Anxiety
 BD
 ③ Refill Zolof 200 BD v Labs
 Vaginal Smear #6
 up to 4 for v Smear

() Continued on Progress Note

In House Orders: Nebulizer Treatment _____; Repeat Treatment _____; EKG; _____; IZ (type(s)) _____; Patient Refuses IZ _____

Meds (Type) _____; Other (Type) _____

Outside Labs Ordered: Yes No Type(s) _____

RADIOLOGY/ULTRASOUND ORDERED: Yes No Type(s) _____

(NOTE: List all new meds and medication refills on the yellow MEDICATION LOG SHEET) New Meds Listed Yes No; Meds Refilled Yes No

FOLLOW UP/REFERRALS:

REVISED: 12/05/2005

MEMORANDUM FOR THE DIRECTOR, FBI
SUBJECT: [REDACTED]
DATE: 1-10-67
FROM: [REDACTED]
TO: [REDACTED]
1-10-67

To be Completed by Provider:

Education on Tobacco use given Yes No

Weight	Normal	Over	Under
--------	--------	------	-------

Info. given on nutrition diet and exercise

_____ Yes _____ No

Pap Due Yes No

Mammogram Due Yes No N/A

CPE Due Yes No N/A

BSE Taught Yes No

Prostate/Testicular Exam Due ___ Yes ___ No ___

PSA ordered Yes No N/A

Testicular self exam taught ____ Yes ____ No
 Injections up to date ____ Yes ____ No

Flu Depressum - m. Zolof; requesting refill -
POS- MC; awaiting job application approval

() History continued on other side () See Patient History Form

PHYSICAL EXAM (NL=Normal; ABNL=Abnormal; NE=Not examined) (Circle L, R Bilateral, Both etc. to identify area of abnormality)

\emptyset CP
 \emptyset dyspnea
 \emptyset ALT ST

* (NOTE: D=Deformity; T=Tenderness; ROM=Range Of Motion; SP=Spasm; SW=Swelling; AN=Anterior; POS=Posterior; MED=Medial; LAT=Lateral)

NL	ABNL	NE		NL	ABNL	NE
			RECTAL			(LEG CONTINUED)
			Tone Hemorrhoids Guaiac			Upper Lower Both
			MUSCULOSKELETAL*			D T ROM SP SW
			AXIAL			L R Bilateral
			Cervical Thoracic Lumbar			AN POS MED LAT
			D T ROM SP SW			KNEE
			L R Bilateral			D T ROM SP SW
			AN POS MED LAT			L R Bilateral
			SHOULDER			AN POS MED LAT
			D T ROM SP SW			ANKLE
			L R Bilateral			D T ROM SP SW
			AN POS MED LAT			L R Bilateral
			ARM			AN POS MED LAT
			Upper Lower Both			FOOT
			D T ROM SP SW			D T ROM SP SW
			L R Bilateral			L R Bilateral
			AN POS MED LAT			AN POS MED LAT
			ELBOW			TOE(S) # 1 2 3 4 5
			D T ROM SP SW			NEUROLOGY
			L R Bilateral			CRANIAL NERVES
			AN POS MED LAT			II III IV V VI VII
			WRIST			VIII IX X XI XII
			D T ROM SP SW			MOTOR
			L R Bilateral			Weakness Paralysis Tremor
			AN POS MED LAT			Other
			HAND FINGERS BOTH			Location
			D T ROM SP SW			SENSORY
			L R Bilateral			Numbness Tingling
			AN POS MED LAT			Other
			FINGER(S) # 1 2 3 4 5			Location
			HIP			REFLEXES
			D T ROM SP SW			Corneal Biceps Triceps
			L R Bilateral			Knee Ankle Babinski
			AN POS MED LAT			SKIN
			LEG			Rashes Ulcerations Abrasions
			Upper Lower Both (Cont. col 2)			Lacerations Scarring Pigmentation
						Hair Nails
						MENTAL HEALTH
						Behavior Oriented

ASSESSMENT/PLAN

Depression
PCLIPIDS

(P) ✓ CLIPIDS - ✓ LFTJ
ReFill Lovastatin 20mg BD
ReFill Zolof

Flat

() Continued on Progress Note

In House Orders: Nebulizer Treatment _____; Repeat Treatment _____; EKG; _____; IZ (type(s)) _____; Patient Refuses IZ _____

Meds (Type) _____; Other (Type) _____

Outside Labs Ordered: _____ Yes _____ No _____ Type(s) _____

RADIOLOGY/ULTRASOUND ORDERED: _____ Yes _____ No _____ Type(s) _____

(NOTE: List all new meds and medication refills on the yellow MEDICATION LOG SHEET) New Meds Listed _____ Yes _____ No; Meds Refilled _____ Yes _____ No

FOLLOW UP/REFERRALS:

REVISED: 12/05/2005

To be Completed by Medical Assistant:

MA Signature A. L. ... (2)

Medical History Reviewed Yes No

FLU Anxiety-Depression- BD
needs refills-

() History continued on other side () See Patient History Form

PHYSICAL EXAM (NL=Normal; ABNL=Abnormal; NE=Not examined) (Circle L, R Bilateral, Both etc. to identify area of abnormality)

~~TC000014~~

* (NOTE: D=Deformity; T=Tenderness; ROM=Range Of Motion; SP=Spasm; SW=Swelling; AN=Anterior; POS=Posterior; MED=Medial; LAT=Lateral)

NL	ABNL	NE		NL	ABNL	NE	
			RECTAL				(LEG CONTINUED)
			Tone Hemorrhoids Guaiac				Upper Lower Both
			MUSCULOSKELETAL*				D T ROM SP SW
			AXIAL				L R Bilateral
			Cervical Thoracic Lumbar				AN POS MED LAT
			D T ROM SP SW				KNEE
			L R Bilateral				D T ROM SP SW
			AN POS MED LAT				L R Bilateral
			SHOULDER				AN POS MED LAT
			D T ROM SP SW				ANKLE
			L R Bilateral				D T ROM SP SW
			AN POS MED LAT				L R Bilateral
			ARM				AN POS MED LAT
			Upper Lower Both				FOOT
			D T ROM SP SW				D T ROM SP SW
			L R Bilateral				L R Bilateral
			AN POS MED LAT				AN POS MED LAT
			ELBOW				TOE(S) # 1 2 3 4 5
			D T ROM SP SW				NEUROLOGY
			L R Bilateral				CRANIAL NERVES
			AN POS MED LAT				II III IV V VI VII
			WRIST				VIII IX X XI XII
			D T ROM SP SW				MOTOR
			L R Bilateral				Weakness Paralysis Tremor
			AN POS MED LAT				Other
			HAND FINGERS BOTH				Location
			D T ROM SP SW				SENSORY
			L R Bilateral				Numbness Tingling
			AN POS MED LAT				Other
			FINGER(S) # 1 2 3 4 5				Location
			HIP				REFLEXES
			D T ROM SP SW				Corneal Biceps Triceps
			L R Bilateral				Knee Ankle Babinski
			AN POS MED LAT				SKIN
			LEG				Rashes Ulcerations Abrasions
			Upper Lower Both (Cont. col.2)				Lacerations Scarring Pigmentation
							Hair Nails
							MENTAL HEALTH
							Behavior Oriented

ASSESSMENT/PLAN

Anxiety / Depression / W/ NML

P

a fill Zolft 100 00

Vaginal #6

A to Trazodone 50 00

HOLD Depakote

COZUMM

NELSON, MARVIN

DOB: 12/13/1959 M M

I-CRS/CMSP(*)

102-DICKEY, J MD / DICKEY 11/22/06

MR 095636

SCL: 000X

EXP: 11/30/06

() Continued on Progress Note

In House Orders: Nebulizer Treatment _____; Repeat Treatment _____; EKG: _____; IZ (type(s)) #6 _____; Patient Refuses IZ _____

Aeds (Type) _____; Other (Type) _____

Outside Labs Ordered: Yes No Type(s) _____

ADIOLOGY/ULTRASOUND ORDERED: Yes No Type(s) _____

NOTE: List all new meds and medication refills on the yellow MEDICATION LOG SHEET New Meds Listed Yes No; Meds Refilled Yes No

FOLLOW UP/REFERRALS:

TC000015

REVISED: 12/05/2005

To be Completed by Medical Assistant:

BP: R 123/70
LMP 6-7 G 4 P 1 TAB 1 SAB 1 Living 1
BS (all diabetics) 1 HgbA1C 1
UPT 1 Pos 1 Neg 1 HCT/Hgb 1
Smoker Yes 1 No 1 Pks/day Tobacco Use Yes 1 No 1
Smokers in house Yes 1 No 1
Advance Health Care Directive Given Yes 1 No 1
Approx. Date Last Tetanus 1/1 Pneumococcal 1
Date of Last Pap 1/1 Mammogram 1/1 Staying Healthy Asses. 1
Allergies 1
MA Signature 1 RMT 1

Education on Tobacco use given Yes No
Weight Normal Over Under
Info. given on nutrition diet and exercise
Yes No
Pap Due Yes No
Mammogram Due Yes No N/A
CPE Due Yes No N/A
BSE Taught Yes No
Prostate/Testicular Exam Due Yes No
PSA ordered Yes No N/A
Testicular self exam taught Yes No
Immunizations up to date Yes No
Medical History Reviewed Yes No

FLU Depression - Anxiety; needs pills -
takes Zoloft 100mg qd, wants to go 1500
impendingly Divorce -

() History continued on other side () See Patient History Form

NL	ABNL	NE	(Comments)	NL	ABNL	NE	(Comments)
			<p><i>2016/11/10</i></p> <p><i>Aut v. Depedate</i></p>				BREATHING
		HEAD:					Shallow Labored Retractions
		Tenderness					LUNG SOUNDS
		Deformities					Crackles Wheezes Rhonchi
		Evidence of trauma					L R Lobe:
		Old New					Upper Lower Middle
		SINUSES					EXPANSION
		Maxillary L R Both					CHEST WALL
		Frontal L R Both					Tenderness Scars Deformities
		EYES					HEART
		Pupils L R Both				Rate Rhythm	
		Fundi L R Both				Murmurs Gallop PMI	
		Cornea L R Both				VASCULAR	
		Lids L R Both				Jugular Vein Distension	
		Extra Ocular Muscles				Arterial pulses:	
		L R Bilateral				Carotid Radial Pop PT DP	
		EARS				venous	
		Canals: L R Both				Varicosity's	
		TM's: L R Both				Venous Stasis Ulcers	
		NOSE				ABDOMEN	
		Mucosa				Dullness Tension Fluid Wave	
		Polyps				Tenderness	
		Discharge				Epigastric Suprapubic	
		Septum				RUQ LUQ RLQ LLQ	
		ORAL CAVITY				Guarding Rebound	
		Mucosa				LIVER	
		Gums				Enlarged Tender	
		Teeth				SPLEEN	
		Tongue				Enlarged Tender	
		OROPHARYNX				UROGENITAL	
		Tonsils				Lesions	
		Uvula				Masses	
		NECK				Discharge	
		Cervical Lymph nodes				Inguinal Nodes L R Both	
		L R Bilateral				BACK	
		Thyroid				CVA Tenderness L R Both	
		L R Bilateral					

* (NOTE: D=Deformity; T=Tenderness; ROM=Range Of Motion; SP=Spasm; SW=Swelling; AN=Anterior; POS= Posterior; MED=Medial; LAT=Lateral)

NL	ABNL	NE		NL	ABNL	NE
			RECTAL			(LEG CONTINUED)
			Tone Hemorrhoids Gueiac			Upper Lower Both
			MUSCULOSKELETAL*			D T ROM SP SW
			AXIAL			L R Bilateral
			Cervical Thoracic Lumbar			AN POS MED LAT
			D T ROM SP SW			KNEE
			L R Bilateral			D T ROM SP SW
			AN POS MED LAT			L R Bilateral
			SHOULDER			AN POS MED LAT
			D T ROM SP SW			ANKLE
			L R Bilateral			D T ROM SP SW
			AN POS MED LAT			L R Bilateral
			ARM			AN POS MED LAT
			Upper Lower Both			FOOT
			D T ROM SP SW			D T ROM SP SW
			L R Bilateral			L R Bilateral
			AN POS MED LAT			AN POS MED LAT
			ELBOW			TOE(S) # 1 2 3 4 5
			D T ROM SP SW			NEUROLOGY
			L R Bilateral			CRANIAL NERVES
			AN POS MED LAT			II III IV V VI VII
			WRIST			VIII IX X XI XII
			D T ROM SP SW			MOTOR
			L R Bilateral			Weakness Paralysis Tremor
			AN POS MED LAT			Other
			HAND FINGERS BOTH			Location
			D T ROM SP SW			SENSORY
			L R Bilateral			Numbness Tingling
			AN POS MED LAT			Other
			FINGER(S) # 1 2 3 4 5			Location
			HIP			REFLEXES
			D T ROM SP SW			Corneal Biceps Triceps
			L R Bilateral			Knee Ankle Babinski
			AN POS MED LAT			SKIN
			LEG			Rashes Ulcerations Abrasions
			Upper Lower Both (Cont. col.2)			Lacerations Scarring Pigmentation
						Hair Nails
						MENTAL HEALTH
						Behavior Oriented

ASSESSMENT/PLAN

Depression

(P) 920 left 1500 OD
Flu 4 OAD (Aress)
for refills Depakote
Vigam
#6

NELSON, MARVIN
DOB: 12/13/1959 M M FR 095636
I-CR2/CMSP(*) SCL: 000X
AGE-DICKEY, J MD /DICKEY 09/16/05 EXP: 11/30/06

() Continued on Progress Note

In House Orders: Nebulizer Treatment _____; Repeat Treatment _____; EKG; _____; IZ (type(s)) _____; Patient Refuses IZ _____

Meds (Type) _____; Other (Type) _____

Outside Labs Ordered: _____ Yes _____ No _____ Type(s) _____

RADIOLOGY/ULTRASOUND ORDERED: _____ Yes _____ No _____ Type(s) _____

(NOTE: List all new meds and medication refills on the yellow MEDICATION LOG SHEET) New Meds Listed _____ Yes _____ No; Meds Refilled Yes _____ No

FOLLOW UP/REFERRALS:

REVISED: 12/05/2005

TRI-CITY HEALTH CENTER ADULT PROGRESS NOTE

BMI=26.0

To be Completed by Medical Assistant:

HT 6'0 1/2 WT 193 T 98.7 P 67 R
 BP: R 107/71 L 107/71
 LMP 9 G 1 P 1 TAB 1 SAB 1 Living 1
 BS (all diabetics) 1 HgbA1C 1
 UPT Pos Neg 1 HCT/Hgb 1
 Smoker Yes (No) Pks/day: 1 Tobacco Use Yes No 1
 Smokers in house Yes (No)
 Advance Health Care Directive Given Yes No 1
 Approx. Date Last: Tetanus 1 Pneumococcal 1
 Date of Last Pap 1 Mammo: 1 Staying Healthy Asses. 1
 Allergies NKA
 MA Signature GORDON MA

To be Completed by Provider:

Education on Tobacco use given Yes No 1
 Weight Normal Over 1 Under 1
 Info. given on nutrition diet and exercise Yes No 1
 Pap Due Yes No 1
 Mammogram Due Yes No 1 N/A 1
 CPE Due Yes No 1 N/A 1
 BSB Taught Yes No 1
 Prostate/Testicular Exam Due Yes No 1
 PSA ordered Yes No 1 N/A 1
 Testicular self exam taught Yes No 1
 Immunizations up to date Yes No 1
 Medical History Reviewed Yes No 1

History of Present Illness:

*requesting refills - doing well
 mood stable*

() History continued on other side () See Patient History Form

PHYSICAL EXAM (NL=Normal; ABNL=Abnormal; NE=Not examined) (Circle L, R Bilateral, Both etc. to identify area of abnormality)

NL	ABNL	NE	(Comments)	NL	ABNL	NE	(Comments)
			HEAD:				BREATHING
			Tenderness				Shallow Labored Retractions
			Deformities				LUNG SOUNDS
			Evidence of trauma				Crackles Wheezes Rhonchi
			Old New				L R Lobe:
			SINUSES				Upper Lower Middle
			Maxillary L R Both				EXPANSION
			Frontal L R Both				CHEST WALL
			EYES				Tenderness Scars Deformities
			Pupils L R Both				HEART
			Fundi L R Both				Rate Rhythm
			Cornea E R Both				Murmurs Gallop PMI
			Lids L R Both				VASCULAR
			Extra Ocular Muscles				Jugular Vein Distension
			L R Bilateral				Atrial pulses:
			EARS				Carotid Radial Pop PT DP
			Canals: L R Both				Venous
			TM's: L R Both				Venous Stasis Ulcers
			NOSE				ABDOMEN
			Mucosa				Dullness Tension Fluid Wave
			Polyps				Tenderness
			Discharge				Epigastric Suprapubic
			Septum				RUQ LUQ RLQ LLQ
			ORAL CAVITY				Guarding Rebound
			Mucosa				LIVER
			Gums				Enlarged Tender
			Teeth				SPLEEN
			Tongue				Enlarged Tender
			OROPHARYNX				UROGENITAL
			Tonsils				Lesions
			Uvula				Masses
			NECK				Discharge
			Cervical Lymph nodes				Inguinal Nodes L R Both
			L R Bilateral				BACK
			Thyroid				CVA Tenderness L R Both
			L R Bilateral				

NELSON, MARVIN
 DOB: 12/13/1959 M M
 I-CRS/CMSP(*)
 102-DICKEY, J MD / DICKEY 07/08/06
 MR 095636
 SCL: 100%
 EXP: 11/30/06

* (NOTE: D=Deformity; T=Tenderness; ROM=Range Of Motion; SP=Spasm; SW=Swelling; AN=Anterior; POS= Posterior; MED=Medial; LAT=Lateral)

NL	ABNL	NE		NL	ABNL	NE	(LEG CONTINUED)
			RECTAL				Upper Lower Both
			Tone Hemorrhoids Guaiac				D T ROM SP SW
			MUSCULOSKELETAL*				L R Bilateral
			AXIAL				AN POS MED LAT
			Cervical Thoracic Lumbar				KNEE
			D T ROM SP SW				D T ROM SP SW
			L R Bilateral				L R Bilateral
			AN POS MED LAT				AN POS MED LAT
			SHOULDER				ANKLE
			D T ROM SP SW				D T ROM SP SW
			L R Bilateral				L R Bilateral
			AN POS MED LAT				AN POS MED LAT
			ARM				FOOT
			Upper Lower Both				D T ROM SP SW
			D T ROM SP SW				L R Bilateral
			L R Bilateral				AN POS MED LAT
			AN POS MED LAT				TOE(S) # 1 2 3 4 5
			ELBOW				NEUROLOGY
			D T ROM SP SW				CRANIAL NERVES
			L R Bilateral				II III IV V VI VII
			AN POS MED LAT				VIII IX X XI XII
			WRIST				MOTOR
			D T ROM SP SW				Weakness Paralysis Tremor
			L R Bilateral				Other
			AN POS MED LAT				Location
			HAND FINGERS BOTH				SENSORY
			D T ROM SP SW				Numbness Tingling
			L R Bilateral				Other
			AN POS MED LAT				Location
			FINGER(S) # 1 2 3 4 5				REFLEXES
			HIP				Corneal Biceps Triceps
			D T ROM SP SW				Knee Ankle Babinski
			L R Bilateral				SKIN
			AN POS MED LAT				Rashes Ulcerations Abrasions
			LEG				Lacerations Scarring Pigmentation
			Upper Lower Both (Cont. col.2)				Hair Nails
							MENTAL HEALTH
							Behavior Oriented

ASSESSMENT/PLAN

Depression
BD

(P)

9/26/07 100 BD
Refill Vaguen H6
Refill Cipitizer 20 mg

() Continued on Progress Note

In House Orders: Nebulizer Treatment _____; Repeat Treatment _____; EKG; _____; IZ (type(s)) _____; Patient Refuses IZ _____

Meds (Type) _____; Other (Type) _____

Outside Labs Ordered: Yes No Type(s) _____

RADIOLOGY/ULTRASOUND ORDERED: Yes No Type(s) _____

(NOTE: List all new meds and medication refills on the yellow MEDICATION LOG SHEET) New Meds Listed Yes No; Meds Refilled Yes No

FOLLOW UP/REFERRALS:

TC000019

REVISED: 12/05/2005

TRI-CITY HEALTH CENTER ADULT PROGRESS NOTE

To be Completed by Medical Assistant:

HT 60 1/2 WT 195 T 98.1 P 69 R 18

BP: R 1 L 107/55

LMP 07 G P TAB SAB Living

BS (all diabetics) HgbA1C

UPT Pos Neg HCT/Hgb

Smoker Yes No Pks/day: Tobacco Use Yes No

Smokers in house Yes No

Advance Health Care Directive Given Yes No

Approx. Date Last: Tetanus N/A Pneumococcal

Date of Last: Pap 6 Mammo: 6 Staying Healthy Asses.

Allergies NKA

MA Signature [Signature] MA

To be Completed by Provider:

Education on Tobacco use given Yes No

Weight Normal Over Under

Info. given on nutrition diet and exercise Yes No

Pap Due Yes No

Mammogram Due Yes No N/A

CPE Due Yes No N/A

BSE Taught Yes No

Prostate/Testicular Exam Due Yes No

PSA ordered Yes No N/A

Testicular self exam taught Yes No

Immunizations up to date Yes No

Medical History Reviewed Yes No

NELSON, MARVIN
DOB: 12/13/1959 M M
I-CRS/CMSR(*)
102-DICKEY, J MD /DICKEY 06/24/06
MR 095635
SCL 100X
EXP: 11/30/06

History of Present Illness:

Mr Depakka; needs Zoloft per request
having marital & sexual issues - wellbutrin > D.C.
ASXIC X & more

() History continued on other side () See Patient History Form

PHYSICAL EXAM (NL=Normal; ABNL=Abnormal; NE=Not examined) (Circle L, R Bilateral, Both etc. to identify area of abnormality)

NL	ABNL	NE	(Comments)	NL	ABNL	NE	(Comments)
			HEAD:				BREATHING
			Tenderness				Shallow Labored Retractions
			Deformities				LUNG SOUNDS
			Evidence of trauma				Crackles Wheezes Rhonchi
			Old New				L R Lobe:
			SINUSES				Upper Lower Middle
			Maxillary L R Both				EXPANSION
			Frontal L R Both				CHEST WALL
			EYES				Tenderness Scars Deformities
			Pupils L R Both				HEART
			Fundi L R Both				Rate Rhythm
			Cornea L R Both				Murmurs Gallop PMI
			Lids L R Both				VASCULAR
			Extra Ocular Muscles				Jugular Vein Distension
			L R Bilateral				Arterial pulses:
			EARS				Carotid Radial Pop PT DP
			Canals: L R Both				venous
			TM's: L R Both				Varicosity's
			NOSE				Venous Stasis Ulcers
			Mucosa				ABDOMEN
			Polyps				Dullness Tension Fluid Wave
			Discharge				Tenderness
			Septum				Epigastric Suprapubic
			ORAL CAVITY				RUQ LUQ RLQ LLQ
			Mucosa				Guarding Rebound
			Gums				LIVER
			Teeth				Enlarged Tender
			Tongue				SPLEEN
			OROPHARYNX				Enlarged Tender
			Tonsils				UROGENITAL
			Uvula				Lesions
			NECK				Masses
			Cervical Lymph nodes				Discharge
			L R Bilateral				Inguinal Nodes L R Both
			Thyroid				BACK
			L R Bilateral				CVA Tenderness L R Both

TC000020

* (NOTE: D=Deformity; T=Tenderness; ROM=Range Of Motion; SP=Spasm; SW=Swelling; AN=Anterior; POS=Posterior; MED=Medial; LAT=Lateral)

NL	ABNL	NE		NL	ABNL	NE	(LEG CONTINUED)
			RECTAL				Upper Lower Both
			Tone Hemorrhoids Guaiac				D T ROM SP SW
			MUSCULOSKELETAL*				L R Bilateral
			AXIAL				AN POS MED LAT
			Cervical Thoracic Lumbar				KNEE
			D T ROM SP SW				D T ROM SP SW
			L R Bilateral				L R Bilateral
			AN POS MED LAT				AN POS MED LAT
			SHOULDER				ANKLE
			D T ROM SP SW				D T ROM SP SW
			L R Bilateral				L R Bilateral
			AN POS MED LAT				AN POS MED LAT
			ARM				FOOT
			Upper Lower Both				D T ROM SP SW
			D T ROM SP SW				L R Bilateral
			L R Bilateral				AN POS MED LAT
			AN POS MED LAT				TOE(S) # 1 2 3 4 5
			ELBOW				NEUROLOGY
			D T ROM SP SW				CRANIAL NERVES
			L R Bilateral				II III IV V VI VII
			AN POS MED LAT				VIII IX X XI XII
			WRIST				MOTOR
			D T ROM SP SW				Weakness Paralysis Tremor
			L R Bilateral				Other
			AN POS MED LAT				Location
			HAND FINGERS BOTH				SENSORY
			D T ROM SP SW				Numbness Tingling
			L R Bilateral				Other
			AN POS MED LAT				Location
			FINGER(S) # 1 2 3 4 5				REFLEXES
			HIP				Corneal Biceps Triceps
			D T ROM SP SW				Knee Ankle Babinski
			L R Bilateral				SKIN
			AN POS MED LAT				Rashes Ulcerations Abrasions
			LEG				Lacerations Scarring Pigmentation
			Upper Lower Both (Cont. col.2)				Hair Nails
							MENTAL HEALTH
							Behavior Oriented

ASSESSMENT/PLAN

Depression - / ED

*(P) Dic Wellbutrin
 Δ to Zoloft 50 mg BID #14
 Vaginal 5mg #6
 Omeprazole Depakote
 Vitals*

() Continued on Progress Note

In House Orders: Nebulizer Treatment _____; Repeat Treatment _____; EKG; _____; IZ (type(s)) _____; Patient Refuses IZ _____

Meds (Type) _____; Other (Type) _____

Outside Labs Ordered: Yes ___ No ___ Type(s) _____

RADIOLOGY/ULTRASOUND ORDERED: Yes ___ No ___ Type(s) _____

(NOTE: List all new meds and medication refills on the yellow MEDICATION LOG SHEET) New Meds Listed Yes ___ No ___; Meds Refilled Yes ___ No ___

FOLLOW UP/REFERRALS:

TC000024 REVISED: 12/05/2005

NELSON, MARVIN

DOB: 12/13/1959 M M

I-CRS/CMSP(*)

102-DICKEY, J MD /DICKEY 06/24/06

MR 095636

SCL: 100%

EXP: 11/30/06

EALTH CENTER
ATION LOG

NOTE: Please fill in meds given at each visit. Also note depo shots and vitamin shots, therapeutic inj. (Do not note immunizations)

ALLERGIC TO:

X No known Allergies Date 6/28/07

CHART NO. _____

Please chart medications as noted in the box: Date in top box, quantity on the left and provider initials on the right.

DATE

QUANTITY

Initials

Medication Name, Dosage and Instructions

MEDICATION DISPENSING LOG

Comments

MED/
DOSEZoloft
150 mg. qd

SIG

MED/
DOSEDepakote
200-400 mg qm

SIG

MED/
DOSELipitor 20mg
Crestor 20mg
qd

SIG

MED/
DOSE

Traxidone 50mg

SIG

MED/
DOSE

Lorastatin 20mg

SIG

MED/
DOSEViagra 50mg
1/2 tab - T tab

SIG

MED/
DOSEXanax 0.25mg
qd pm

SIG

MED/
DOSE

SIG

Scholarship

TC000022

ALAMEDA COUNTY MEDICAL CENTER

Fairmont Hospital

15400 Foothill Blvd - San Leandro, California 94578

RADIOLOGY INTERPRETATION

Patient: NELSON, MARVIN

DOB: 12/13/59

Date: 07/26/07

Order # 90002

Ordered by: DICKEY, JAN MD

History:

Sex: Male

MR# 01 68 31 24 0

LOC: 97

LEFT XRAY KNEE 2 VIEWS**FULL REPORT: Left knee****07/26/07 02:43PM****HISTORY: Pain.****FINDINGS: Frontal and lateral views demonstrate no evidence of fractures, compartment narrowing or joint effusion.****IMPRESSION: Negative.***Interpreted by: W. Greg Wierzbowski, M.D.**Electronically Signed by: W. Greg Wierzbowski, M.D.*

Disc Opt
9/6/07
Cur

THANK YOU FOR LETTING US SERVE YOU

08/09/07 Date Transcribed:

Interpreted by: W. Greg Wierzbowski, M.D.

Page# 1 of 11

SC 08/11/07 11:54AM

Printed: 6-SEP-07 09:31:58

** INTERPRETATION MADE WITHOUT KNOWING PATIENT'S GENDER/AGE
WITHIN NORMAL LIMITS

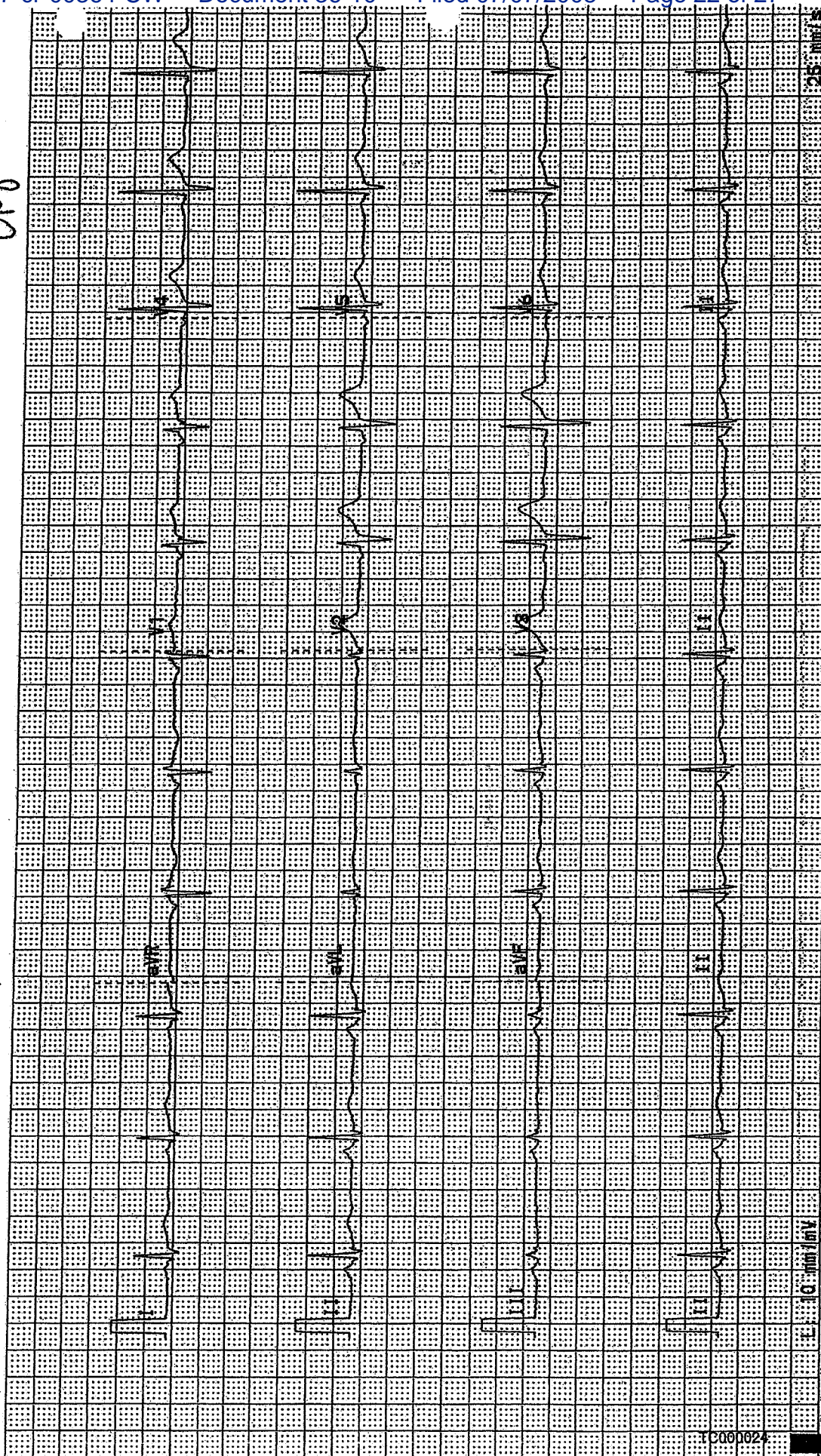
Summary: NORMAL ECG * Unconfirmed Analysis

NELSON, MARVIN
DOB: 12/13/1959 M W NR 090636
T-CRS/CHSP (W) DBL: 000X
SIS-KANDOS-SCOTT, C NP 70 09/06/07

U: #SIH1#0/0906085930

Vent. Rate: 67 bpm
RR Interval: 887 ms
PR Interval: 140 ms
QRS Duration: 94 ms
QT Interval: 382 ms
QTc Interval: 394 ms
QT Dispersion: 52 ms
P-R-T AXIS: 72° 56° 48°

D.O.B.:
Meds:
Class:
Dr:
Tech:



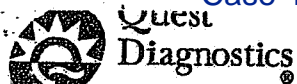
QTC-Hodges
Atrial 3000 Int ref: 20000202020004

C: 10 mm/mV
10 mm/mV

STABLE 40 Hz

Serial #A3000-99999

TC000024



QUEST DIAGNOSTICS INCORPORATED

PATIENT INFORMATION
NELSON, MARVIN

REPORT STATUS Final

DOB: 12/13/1959 Age: 47
GENDER: MID: 095636
PHONE: 888-9232

ORDERING PHYSICIAN

RAMOS-SCOTT, CATHY

CLIENT INFORMATION

51585

TCHC/LIBERTY-FAMILY PRACTICE

39500 LIBERTY ST

FREMONT, CA 94538

PATIENT INFORMATION

ACCT NO: Z3059389
OUTPATIENT: 515851052518
INPATIENT: 515851052518ADMITTED 07/17/2007 11:45
REMOVED: 07/17/2007 23:00
DISCHARGED: 07/18/2007 05:35

Test Name	In Range	Out of Range	Reference Range	Lab
REPORT COMMENTS	SEE NOTE			SJ
	FASTING			

HEPATIC FUNCTION

ALBUMIN, TOTAL	7.1		6.2-8.3 g/dL	
ALBUMIN	4.6		3.6-5.1 g/dL	
ALBUMIN	2.5		2.1-3.7 g/dL	
A/G RATIO	1.8		1.0-2.1 ratio	
BILIRUBIN, TOTAL	0.4		0.2-1.2 mg/dL	
BILIRUBIN, DIRECT	0.1		< = 0.2 mg/dL	
ALP (ALP)	68		40-115 U/L	
AST (ASOT)	38		10-40 U/L	
ALT (ALP)	60		9-60 U/L	
BILIRUBIN, INDIRECT	0.3		0.2-1.2 mg/dL	

LIPID PROFILE

CHOLESTEROL	52		>40 mg/dL	
TRIGLYCERIDES				
HDL CHOLESTEROL				

RISK CATEGORY

LDL-CHOLESTEROL GOAL

VERY HIGH (E.G., DIABETES + CVD)	<70 mg/dL
HIGH (DIABETICS; CHD RISK EQUIVALENTS)	<100 mg/dL
MODERATELY HIGH (MULTIPLE (2+) RISK FACTORS)	<130 mg/dL
0 TO 1 RISK FACTORS	<160 mg/dL

*NCEP REPORT, CIRCULATION 2004; 110:227-239.

TYROSINE-FREE	0.9		0.8-1.8 ng/dL	SJ
H. BRE GENERATION				SJ
TEST	2.44		0.40-5.50 mIU/L	

Disc apt
9/6/07
CRV.

Referring Laboratory Information:

Quest Diagnostics 967 Mabury Road San Jose CA 95133 Laboratory Director: James E. Fitzwater, M.D.

QUEST MARVIN - Z3059389

make an appointment
7/27/07

Lab Reviews

Page 1 - End of Report

☐ Normal Lab ☐ Abnormal Lab

☐ File Lab ☐ Pull Chart

☐ No action needed ☒ F/U with P.C. Provider

TC000025



~~NELSON, MARVIN~~ ~~MR 093636~~
~~DOB: 12/13/1959 M M~~ ~~DSCL: 0000~~
~~I-CRS/CHSP (W)~~ ~~EXP: 12/30/07~~
~~316 RAMOS-SCOTT, C NP /D 09/06/07~~

Nelson, Marvin

DOB 12/13/59

MEDICATION

Librium 10 mg #20 (ORF)

Take 1 tab po. bid prn

FAXED
H. m
10:05
am

Doctor's Signature:

C. Ramos-Scott, FNP

NPF # 15478

DEA # NR1546259

Date: 9/6/07



NELSON, MARVIN MR 095636
DOB: 12/13/1959 M M DSCL: 025%
I-CRS/CNSP(*) EXP: 12/30/07
316-RAMOS-SCOTT, C NP /D 06/28/07

Nelson, Marvin DOB 12/13/59

MEDICATION

① Trazodone 50mg #30 (1 RT)
Take 1 tab po qhs

② Xanax 0.25 mg #15 (fifteen)
Take 1 tab po qd prn

Catherine Ramos-Scott, FNP
NPF #15478

Doctor's Signature:

DEA # MR1546287

Date:

6/28/07

pared on



TRI-CITY HEALTH CENTER

Authorization to Dispense Medication

Place Patient Label Here

MARVIN NELSON

[to be completed by provider at Mowry]

Patient, [Signature], is receiving medication through the
(name of patient)
scholarship program. Please dispense the following medication:

1) 2010FT 200 mg. 7 Tabs DD # 90 (100 mg)

2)

3)

Provider signature

[Signature]

Date

6/26/07

[to be completed by provider at Liberty]

DISPENSING INFORMATION

Dispensing Provider signature

Date

Comments:

Place Medication Authorization Form in Patient's Medical Record.



3-12-07
3-12-07/12/07
3-12-07/12/07
3-12-07/12/07
3-12-07/12/07

MEDICATION

1 BuPROPION 800 mg 1 Q 80 P.O./P.C./P.N.
40
X One Refill

Doctor's Signature:

J. Q.
03/12/07

Date:

Fixed
3-12-07
(VR)